Case 4:10-ct-4010FINT OF AND AUTHORITY TO PAY GOURT APPOINTED COUNSEL 1 of 1 PageID #: 8												
1. CIR./DIST./DIV. CODE SDX 2. PERSON REPRESENTED KELLEY, THOMAS R.								VOUCHER NUMBER				
			4. DIST. DKT./I 4:10-0401		ER 5. AP	5. APPEALS DKT./DEF. NUMBER			6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY US v. KELLEY Felony						9. TYPE PERSON REPRESENTED Adult Defendant				10. REPRESENTATION TYPE (See Instructions) Criminal Case		
	OFFENSE(S) CHARGED) 18 3146A.F PE				se, list (up to five) major offenses charged, according to severity of offense.							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS SARGENT, CLINT MEIERHENRY SARGENT 315 S PHILLIPS AVE SIOUX FALLS SD 57104 Telephone Number: (605) 336-3075 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) MEIERHENRY LAW FIRM 315 S PHILLIPS AVE SIOUX FALLS SD 57104					X C P Prior A Be otherw (2) does attorne or Ot Sign Repay	☐ F Subs For Federal Defender ☐ R Subs For Retained Attorney ☐ P Subs For Panel Attorney ☐ Y Standby Counsel Prior Attorney's Name: ☐ Appointment Date: ☐ ☐ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or						
CLAIM FOR SERVICES AND EXPENSES FOR COURT USE ONLY											ONLY	
	CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	A	TOTAL MOUNT LAIMED	MATH/TECH ADJUSTED HOURS	AD.	TH/TECH JUSTED IOUNT	ADDITIONAL REVIEW		
15.	a. Arraignment and	/or Plea										
I n C o u r	b. Bail and Detention Hearings				4							
	c. Motion Hearings											
	d. Trial											
	e. Sentencing Hearings											
	f. Revocation Hearings				7							
	g. Appeals Court											
	h. Other (Specify on additional sheets)											
	` * *	(Rate per hour = \$) TOTALS:										
16.	a. Interviews and Conferences											
O u						1						
t												
o f						1						
C o u						1						
r t												
	(Rate per hour		<i>'</i>			-						
17.	Travel Expenses		g, meals, mileage, e			⊢		-				
18.	Other Expenses	(other than expe	rt, transcripts, etc.	.)		⊢		4				
	GRA	ND TOTALS (C	CLAIMED AND AI	DJUSTED):								
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO					RVICE	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION				ASE DISPOSITION		
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.												
Signature of Attorney: Date:												
		AYMENT (ENT COURT U									
23.	3. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL F					PENSES 26. OTHER EXPENSES				27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER							DATE			28a. JUDGE / MAG. JUDGE CODE		
29.	IN COURT COMP.	30. OUT OF C	OURT COMP.	31. TRAV	VEL EXPENS	ES	32. OTHER EXPENSES			33. TOTAL AMT. APPROVED		
34.	SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. 34a. JUDGE CODE									GE CODE		